_				Sut	bslitute (for Form	ngulad to resp TERMINA PTO-876	TIOI	N RECOR	D	I DUMBER	V 012 DI	alion or Docke	il Number
		ICATION AS FILED - (Column 1)		(Column 2)			SMALL ENTITY		,	OR.	OTHER THAN SMALL ENTITY			
BA	FOR PASIC FEE		. NUMBER FILED		NUMBER EXTRA		╝	RATE (\$)	FEE	(2)		RATE (\$)		
P7	OFR 1,16(a), (b), or (c))	<u> </u>				•			1	*		TOVIE (9)	FEE (\$)
(97	ARCH FEE OFR 1.16(k), (1),	or (m))						7	·				!	-
EX	XAMINATION FEE 17 CFR 1.16(0), (p), or (q))						~~~ <u>~~</u>	\dashv		-			· · · · · · · · · · · · · · · · · · ·	
10	TAL CLAIMS	. w (q//					·····					- 1	• • •	
	ST CFR 1.16(I)) NDEPENDENT GLAIMS 1			mlnu	s 20 ×.	•			х .	:		OR.	X e	,
17	CFR 1.16(h))	CAIMO			16 3 =	4		1	X			~``\	, 	
EE 7 (CFR 1.16(s))	is \$250 addition 35 U.S.(of paper, (\$125 fo al 50 sh C. 41(a)(, the apport of the control of the c	plication entity) fo fraction t nd 37 C	s exceed 100 size fee due or each thereof. See FR 1.16(s).						Х		
	TIPLE DEPEN			***************************************]		 	_	. [
	•	LICATI	•		•				TOTAL	L	لـــا		TOTAL	
_		(Colu			(Co	lumn 2)	(Column 3)		SMALL	ENTITY	o	R ·	OTHER	t THAN
		REMA	NIMS NINING TER		I NUM	HEST MBER IOUSLY	PRESENT EXTRA	1 [RATE (\$)	ADDI-	7	Γ	SMALL (\$)	ADDI-
ŀ	Total	AMENI	DMENT	 	PAID	FOR			. :	TIONAL FEE (\$)			10/15/01	TIONAL
L	(37 OFTR 1.16(1))	1	8	Minus	- G	10).E		× 25 =		ــ ا		- i	FEE (\$)
١٠,	Independent (37 OFF(1.16(h))	6	. ,	.Minus	***	ζ	E. C	. -	,		OR		.50 =	\rightarrow
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	Application Siz	e Fee (37	OFR 1.16)(s)) [.]				+	×/00 =		OR	×	200 =	-
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	Application Siz	e Fee (37	OFR 1,16		· · ·	4 (87 OF	R 1.16())). 	×/00 = 1		OR	L.	360 DTAL	72.041.1.200
	. May	ATION OF	OFR 1.16 MULTIPLE		ENT CLAIM	•). 	/80 TOTAL			L.	360	7.401.1000
	. May	(Column CLAII REMAIN	OFR 1.16 MULTIPLE n 1) MS ING		(Oolu HIGH NUME PREVIO	imn 2) EST BER DUSLY	(Column 3) PRESENT EXTRA		/80 TOTAL	ADDI	OR	TO	360 DTAL	ADDI-
	ROT PRESENT	(Column CLAII REMAIN	MULTIPLE n 1) MS - NING ER MENT		(Oolu HIGH	imn 2) EST BER DUSLY	(Column 3)		180 FOTAL ADD'L FEE	ADDI- TIONAL FEE (\$)	OR	TO	360 DTAL DD'L FEE	(
F 770	ROT PRESENT	(Colum CLAII REMAIN AFTE	OFR 1.16 MULTIPLE IN 1) MS HING IR MENT	DEPENDE	(Oolu HIGH NUME PREVIO PAID I	imn 2) EST BER DUSLY	(Column 3) PRESENT EXTRA) 	/80 FOTAL NOD'L FEE RATE (\$)	TIONAL	OR	TO	360 DTAL DD'L FEE	ADDI- TIONAL
for discounting	Total r off 1.16(1)	(Colum CLAII REMAIN AFTE AMEND	MULTIPLE n. 1) MS IIING R AENT	DEPENDE Minus	(Oolu (Oolu HIGH NUME PREVIO PAID I	imn 2) EST BER DUSLY	(Column 3) PRESENT EXTRA		/80 FOTAL NOD'L FEE RATE (\$)	TIONAL	OR OR	TO	360 DTAL DD'L FEE	ADDI- TIONAL
to (ST	Total Total TOTAL TOTAL TOTAL (1) Dependent OFR 1.18(N) Deplication Size	(Column CLAII REMAIN AFTE AMEND)	OFR 1.16 MULTIPLE n. 1) MS MING R MENT	Minus Minus	(Oolu (Oolu HIGH NUME PREVIO PAID I	IMM 2) EST BER DUSLY FOR	(Column 3) PRESENT EXTRA) 	/80 FOTAL NOD'L FEE RATE (\$)	TIONAL	OR OR	TC At	OTAL DD'L FEE	ADDI- TIONAL
to (ST	Total r ora 1.16(1) dependent Ora 1.16(1)	(Column CLAII REMAIN AFTE AMEND)	OFR 1.16 MULTIPLE n. 1) MS MING R MENT	Minus Minus	(Oolu (Oolu HIGH NUME PREVIO PAID I	IMM 2) EST BER DUSLY FOR	(Column 3) PRESENT EXTRA	, , , , , , , , , , , , , , , , , , ,	/80 FOTAL NOD'L FEE RATE (\$)	TIONAL	OR OR OR	TC At	CTAL DD'L FEE	ADDI- TIONAL

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the IRTO to process) an application...Confidentiality is governed by 35.U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the appropriate descendent of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.